

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TV	870	10/12/00
RESPONSE FORMALITY REVIEW	M	445	11/09
			9/12/01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1		2/6/03	
2		2	
3		0	
4		0	
5		0	
6		0	
7		0	
8		0	
9		0	
10		0	
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45		0	
46		0	
47		0	
48		0	
49		0	
50		0	

Claim	Final	Original	Date
51		2/6/03	
52		2	
53		0	
54		0	
55		0	
56		0	
57		0	
58		0	
59		0	
60		0	
61		0	
62		0	
63		0	
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95		0	
96		0	
97		0	
98		0	
99		0	
100		0	

Claim	Final	Original	Date
101		2/6/03	
102		2	
103		0	
104		0	
105		0	
106		0	
107		0	
108		0	
109		0	
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139		0	
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146		0	
147		0	
148		0	
149		0	
150		0	

If more than 150 claims or 10 actions  
staple additional sheet here

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